

**Application Data Sheet****APPLICATION INFORMATION**

Application Number:: To Be Assigned  
Filing Date::  
Application Type:: Reissue  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF::  
Title:: GENE THERAPY  
Attorney Docket Number:: 219974  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: W. French  
Middle Name::  
Family Name:: Anderson  
Name Suffix::  
City of Residence:: Bethesda  
State or Prov. of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 6820 Melody Lane  
City of mailing address:: Bethesda  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20817  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Blaese  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 1986 Lancashire Drive  
City of mailing address:: Rockville  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: A.  
Family Name:: Rosenberg  
Name Suffix::  
City of Residence:: Bethesda  
State or Prov. of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 9015 Honeybee Lane  
City of mailing address:: Bethesda  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20817

## CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::  
35463 Jeffrey B. Burgan

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
To Be Assigned	Reissue of	08/220,175	03/30/94
08/220,175	Continuation of	07/904,662	09/08/92
07/904,662	Continuation in part of	07/868,794	04/15/92
07/868,794	Continuation in part of	07/807,446	12/13/91
07/807,446	Continuation in part of	07/365,567	06/14/89

## **FOREIGN APPLICATION INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed
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## **ASSIGNEE INFORMATION**

Assignee name::	The United States of America as represented by the
Street of mailing address::	National Institutes of Health, Office of Technology 6011 Executive Boulevard, Suite 325
City of mailing address::	Rockville
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	20852